Name in Full: Columbus Adams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Fishing Creek — (County): Dorchester

Date of death: 1909 — Month: May — Day: 22nd. — Years: 7 — Months: 6 — Days: 21

Sex: Male — Color or Race: White — Birthplace: Dorchester

Occupation: School boy — Where Residing if not at place of death: --------

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: John Alfred Adams — Father's Birthplace: Dorchester Co.

Mother's Maiden Name: Olevia Travers — Mother's Birthplace: Dorchester Co.

Name of person giving In formation: John A. Adams — How related to deceased: Father

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis, — How long: One Year

Immediate: Intestinal Tuberculosis, Exhaustion. — How long: 2 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Houston M.d.

Address: Fishing Creek, Md.

[redacted]

LIBRARY BUREAU A58816

Name in Full Thomas S. Applegarth

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorchester

Date of death 1902 — Month: May — Day: 10 — Age — Years: 59 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Carpenter — Where Residing if not at place of death: Cambridge "

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah E. Applegarth

Father's Name: George Applegarth — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Lambden — Mother's Birthplace: "

Name of person giving Information: Guy Applegarth — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: Few Minutes

Immediate: " — How long: Few Minutes

Are the name, age, sex, color, dets and place correctly given above? Yes

Signature of Physician: John D. Mace

Address: Cambridge Md.

Accident or Suicide: No

OFFICE SUPPLY CO. 8-20--08

Name in Full: Charles Boardley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salem — County: Dorchester

Date of death 1909 — Month: May — Day: 29 — Years: Age 74 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Salem, Md.

Occupation: Farmer — Where Residing if not at place of death: —

Married, ~~Single or Widowed~~ — Name of Wife or ~~Husband~~: Don't Know

TO BE ANSWERED BY NEAREST FRIEND

Fethar's Name: Don't Know — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Neme of person giving Information: Hooper Jones Jr. — How related to deceased: Don't Know

93

CAUSES OF DEATH

Primary: Pneumonia — How long: 2 weeks

Immediate: Don't Know — How long: Don't Know

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physicien: R. J. Price

Addraes: Vienna, Md.

Accident or Suicide

OFFICE SUPPLY CO., 2284

Name in Full: William Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Cambridge County: Dorchester

Date of death: Month: May Day: 31 1909

Age: Years: 31 Months: — Days: —

Sex: Male

Color or Race: Blk

Birthplace: Ind

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: Thomas Moody

How related to deceased: Friend

27

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever } From Hospital records. I did not attend him.

How long: Sept. 14-'08 for 10 weeks

Immediate: Tuberculosis

How long: Since Nov. 1908

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. E. Wolff. M.D.

Address: Cambridge, Ind

Accident or Suicide

OFFICE SUPPLY CO., 2284

Name in Full: Solomon Sylvester Campser.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Vienna County: Dorchester

Date of death: 1909 May 11 Age: Years 20 Months - Days -

Sex: Male. Color or Race: Colored. Birthplace: Md.

Occupation: Farmer Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: John Blake. Father's Birthplace: Md

Mother's Maiden Name: Tillie Campser. Mother's Birthplace: Md

Name of person giving Information: Edgar Davis How related to deceased: Friend.

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis How long: about 6 mo

Immediate: Heart Failure How long: Immediately

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D H Blake.

Address: Vienna.

Accident or Suicide?

LIBRARY BUREAU Aaeele

Name in Full: Mary E. Chase

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fork Neck – Vienna State: County: Dorchester

Date of death: 1909 Month: May Day: 23 Age: Years: 50 Months: — Days: —

Sex: Female Color or Race: Colored Birthplace: Dorchester Co

Occupation: Housewife Where Residing if not at place of death:

Married, Single or ~~Widowed~~: Married Name of Wife or Husband: Zora Chase

Father's Name: Ross Keil Father's Birthplace: Dorchester Co.

Mother's Maiden Name: Dont Know Mother's Birthplace: Dont Know

Name of person giving information: Stansbury B. Chase How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 18 Mons

Immediate: Exhaustion How long: Gradually

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

8

LIBRARY BUREAU A88618

Name in Full: Charles S. Crosby

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorchester

Date of death: 1907 — Month: May — Day: 17th — Age: Years 49 — Months — — Days —

Sex: Male — Color or Race: white. — Birthplace: Dont Know

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Eunice Elsey Cooper

Father's Name: Samuel Crosby — Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving In formation: Charles W. Crosby — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(1)

Primary: Typhoid fever — How long: 7 weeks

Immediate: Acute heart failure — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Guy Steele

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A88816



Name in Full: James Alex Draue

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Lakeville County: Dorchester

Date of death: Month: May Day: 29 1909

Age: Years: 21 Months: 8 Days:

Sex: Male Color or Race: Colored Birthplace: Dorchester Co

Occupation: Farm Laborer Where Residing if not at place of death: ✓

Married, Single or Widowed: Single Name of Wife or Husband: ✓

Father's Name: Uriah Draue Father's Birthplace: Dorchester Co

Mother's Maiden Name: Maria Fraser Mother's Birthplace: Dorchester Co.

Name of person giving Information: Lewis Draue How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Tuberculosis How long: 8 months

Immediate: Pulmonary Hemorrhage How long: ½ hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Carroll

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: James E. Dunn

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Chaptico — County: Dorchester

Date of death: Month: May — Day: 20 — Years: 49 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Dorchester Co. Md.

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Dunn

Father's Name: Dorit Dunn — Father's Birthplace: Dorit Dunn

Mother's Maiden Name: [illegible] — Mother's Birthplace: " "

Name of person giving Information: Mary Dunn — How related to deceased: widow

TO BE ANSWERED BY NEAREST FRIEND

Hanged himself by rope in upper room of dwelling

CAUSES OF DEATH

163

PHYSICIAN OR CORONER

Primary: Suicide from dementia — How long: about an hour

Immediate: asphyxiation — How long: " " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: two physicians

Address: Clement Sullivane

Accident or Suicide? Suicide

Justice of the Peace

LIBRARY BUREAU A88616

Name in Full: Mary E. Fox

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cmip — County: Dorchester

Date of death 1909: Month: May — Day: 16 — Years: Age 64 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Wisconsin

Occupation: Housewife — Where Residing if not at place of death: Paris

Married, Single or Widowed: Married — Name of Wife or Husband: Wm Fox

Father's Name: Wm H. Loomis — Father's Birthplace: New York

Mother's Maiden Name: Clarissa Cummings — Mother's Birthplace: " "

Name of person giving Information: Wm Fox — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

40

PHYSICIAN OR CORONER

Primary: Cancer of Stomach — How long: Five years

Immediate: Exhaustion — How long: Gradually

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Heath

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full Marwood Harper

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rhodes Lake — County: Worchester

Date of death 1907 — Month: May — Day: 25 — Years: Age 1 — Months: — — Days: 14

Sex: Female — Color or Race: White — Birth-place: Md

Occupation: — Infant — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Huebend: —

Father's Name: Alfred Harper — Father's Birthplace: Md

Mother's Meiden Name: Rosa Bradley — Mother's Birthplace: Md

Name of person giving Information: Parker Hasker — How releted to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Cholera Infantum — How long: 12 days

Immediete: Convulsions — How long: 1 day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: D. F. Maguire — Address: Hunters

Accident or Sulcide

OFFICE SUPPLY CO. 6-20--08

Name in Full: Abram Hanis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cambridge; County: Dorchester Co

Date of death: 1909; Month: May; Day: 19

Age: Years: 45; Months: —; Days: —

Sex: Male

Color or Race: Black

Birthplace: Cambridge

Occupation: Farmer

Where Residing if not at place of death: Cambridge

Married, Single or Widowed: Married

Name of Wife or Husband: Lindella Hanis

Father's Name: Isic Hanis

Father's Birthplace: Blackwater

Mother's Maiden Name: Don't Know

Mother's Birthplace: Don't Know

Name of person giving information: John F Manoky

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption

How long: several years

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician

Address: Clement Billings

Justice of the Peace

Accident or Suicide?

27

LIBRARY BUREAU ABSELS

CERTIFICATE OF DEATH

Name in Full Hubert J. Harris

Died at (Town) Cambridge (County) Dorchester MARYLAND

Date of death 1909 (Month) May (Day) 22 Age (Years) 20 (Months) 8 (Days) 19

Sex Male Color or Race Black Birthplace Md

Occupation Farmer Where Residing if not at place of death ~

Married, Single or Widowed Single Name of Wife or Husband ~

Father's Name William Harris Father's Birthplace Md

Mother's Maiden Name Helen Black Mother's Birthplace Md

Name of person giving Information Aldon Harris How related to deceased Brother

CAUSES OF DEATH

27

Primary Tuberculosis How long 8 months

Immediate Pneumonia Antecedent How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P H Houle

Address Cambridge Md.

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-15-08.

Name in Full — Hassett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Cambridge — County: Dorchester

Date of death: Month: May — Day: 1 — 1909

Age: Years: — Months: still born — Days: —

Sex: Male — Color or Race: white — Birthplace: Cambridge Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Howard Hassett — Father's Birthplace: Dr. E. Md

Mother's Maiden Name: Frona E. Doris — Mother's Birthplace: Dr. Co. Md.

Name of person giving Information: T. Howard Hassett — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Post-capt. partial delivery by Version — How long: —

Immediate: Compression of cord. — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A3881a

Name in Full: Charles L Hirst

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Secretary; County: Dorchester

Date of death 190 9: Month: 5; Day: 25

Age: Years: 27; Months: 5; Days: 19

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: Oysterman + farmer; Where Residing if not at place of death: Secretary

Married, Single or Widowed: Married; Name of Wife or Husband: May Hirst

Father's Name: William R Hirst; Father's Birthplace: Maryland

Mother's Maiden Name: Annie Edmons; Mother's Birthplace: Md

Name of person giving Information: William R Hirst; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary T. B.; How long: 2 years

Immediate: T. B Consumption, Tuberculosis, Cardiac asthenia; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. O. Hastings, M. D.

Address: Cook Rose Market, Md.

Accident or Suicide

OFFICE SUPPLY CO. 5-20--08

Name in Full: David Hallaran

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cambridge — County: Dorchester — MARYLAND

Date of death: 190 9 — Month: May — Day: 28 — Age: Years: 65 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Dorchester Co

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: ~~Widower~~ — Name of Wife or Husband: —

Father's Name: William Hallaran — Father's Birthplace: Dorchester Co

Mother's Maiden Name: Eliza Ramsay — Mother's Birthplace: Dorchester Co

Name of person giving Information: Samuel Hallaran — How related to deceased: Brother

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation — How long: 2 or 3 years

Immediate: Hemorrhage Pulmonary — How long: One hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Harrold M.D.

Address: Cambridge, Md.

Accident or Suicide

OFFICE SUPPLY CO., 11-15-08

Name in Full Robt. L. W. Hurley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Drawbridge — County: Dorchester

Date of death 1909 — Month: May — Day: 12 — Years: 48 — Months: — — Days: —

Sex: Male — Color or ~~Race~~: White — Birthplace: Drawbridge

Occupation: Farmer — Where Residing if not at place of death: —

~~Married~~ Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: John J. Hurley — Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know — Mother's Birthplace: DON'T Know

Name of person giving Information: Jefferson Hughes — How related to deceased: 18

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Facial Erysipelas — How long: 7 days

Immediate: Paralysis — How long: 2 or 3 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. J. Price

Address: Vienna, Md.

Accident or Suicide

OFFICE SUPPLY CO., 2284

Name in Full: Freeman M. Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: May; Day: 2; Year: 1909

Age: Years: —; Months: 4-; Days: 12

Sex: Mall

Color or Race: Colrd

Birthplace: Cambridge Md,

Occupation: —

Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Sngll

Name of Wife or Husband:

Father's Name: Wm. Mortimer

Father's Birthplace: Dr. Co. Md,

Mother's Maiden Name: Mary S. Jackson

Mother's Birthplace: Dr. Co Md,

Name of person giving information: Mary S. Jackson

How related to deceased: Mother

CAUSES OF DEATH

(103)

PHYSICIAN OR CORONER

Primary: Diarrhoea Convulsions — How long: 5 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: no physician in attendance

Address:

Accident or Suicide?

Clement Sullivane
Justice of the Peace

LIBRARY BUREAU ADDIS

Name in Full: Jane Jackson.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salem. — County: Dorchester

Date of death 1909 — Month: May — Day: ~

Age — Years: 40 — Months: ~ — Days: ~

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: John H Jackson.

Father's Name: Unknown. — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Information: D H Bland — How related to deceased: physician.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pneumonia — How long: 3 wks.

Immediate: Miliary Tuberculosis — How long: 2 wks.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Moved away so could not get required information

Signature of Physician: D H Bland.

Address: Vienna

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Frederick Jews

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorchester

Date of death 1909 — Month: May — Day: 6 — Age — Years: 36 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Dorchester Co

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Richard Jews — Father's Birthplace: Dorchester Co

Mother's Maiden Name: Edmia Marine — Mother's Birthplace: Dorchester Co

Name of person giving Information: Clarence Jews — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: Several mos.

Immediate: Hydrothorax — How long: Several weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dexter F. Reynolds M.D.

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU ABBELS

Name in Full: David R. L. Keene

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Madison (County) Dorchester

Date of death 1909 (Month) May (Day) 21 (Years) Age 74 (Months) (Days)

Sex: Male

Color or Race: Colored

Birthplace: Dor. Co. Md

Occupation: Farmer

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Teresa Kennedy

Father's Name: James Keene

Father's Birthplace: Dor. Co. Md

Mother's Maiden Name: Cannot ascertain

Mother's Birthplace: Dor. Co. Md

Name of person giving Information: Oliver Keene

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: 10 days

Immediate: Hiccough & prostration — How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. L. Smith MD

Address: Madison Md.

Accident or Suicide? —

LIBRARY BUREAU A68816

Name in Full Herman Langford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Drawbridge — County: Dorchester

Date of death 1909 — Month: May — Day: 31 — **Age** — Years: 27 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Drawbridge, Md.

Occupation: Farmer — Where Residing if not at place of death: —

~~Married~~, Single, ~~or Widowed~~ — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Z. F. Langford — Father's Birthplace: Don't Know

Mother's Maiden Name: Miss Hearst — Mother's Birthplace: Don't Know

Name of person giving Information: Z. F. Langford — How related to deceased: Father

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 18 months

Immediate: Don't Know — How long: Don't Know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. J. Price

Address: Vienna, Md.

Accident or Suicide

OFFICE SUPPLY CO., 2284

CERTIFICATE OF DEATH

MARYLAND

Name in Full — McCrady

Town: Cambridge — County: Dorchester

Died at — Month: May — Day: 24 — Years: — — Months: — — Days: 14

Date of death 1909

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birth-place: Md

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Robert McCrady — Father's Birthplace: Md.

Mother's Maiden Name: Edna McCrady — Mother's Birthplace: Md

Name of person giving Information: Edna McCrady — How related to deceased: Mother

CAUSES OF DEATH

151

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: 14 Days

Immediate: Heart Failure — How long: Short

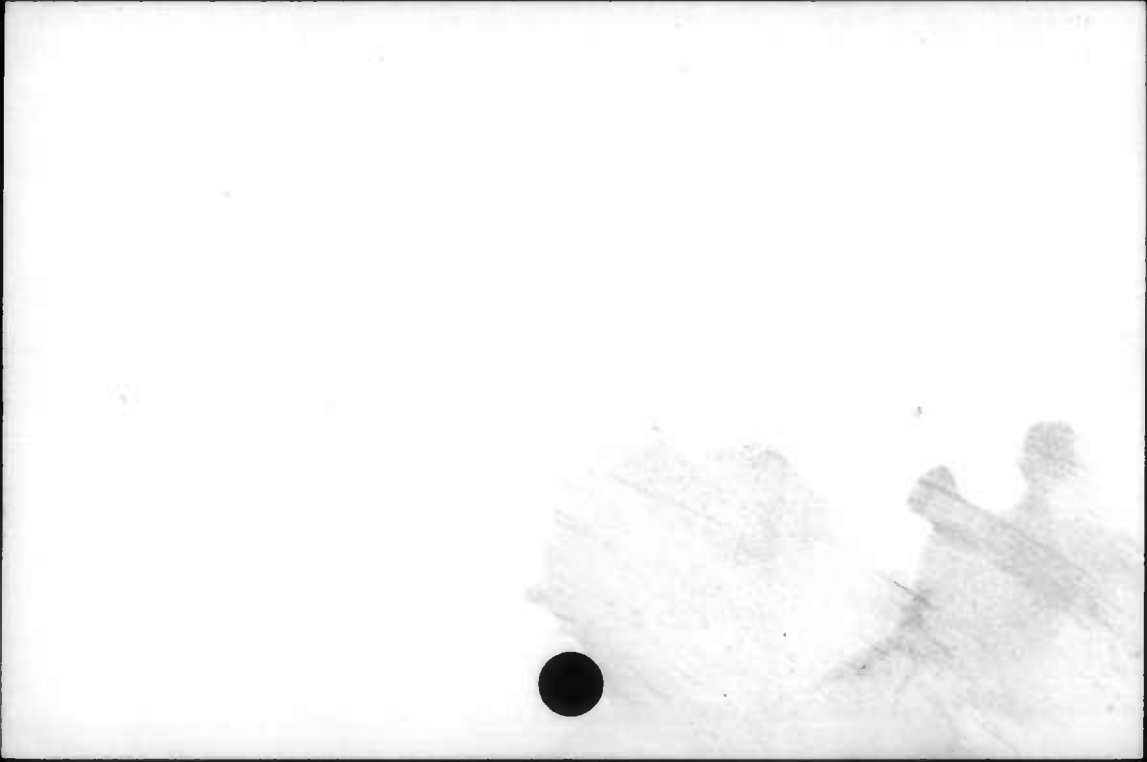
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E E Wolff

Address: Cambridge Md.

Accident or Suicide:

OFFICE SUPPLY CO., 2284



Name in Full Frederick Margenegg

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chatham — County: Worchester

Date of death 1909 — Month: May — Day: 6 — Age — Years: 72 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Switzerland

Occupation: Farmer — Where Residing if not at place of death: Chatham

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah Phena Margenegg

Father's Name: Fred Margenegg — Father's Birthplace: Switzerland

Mother's Maiden Name: Sarah Phena Keller — Mother's Birthplace: "

Name of person giving Information: Emil Margenegg — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

106

Primary: Chronic Dromhoea — How long: 6 months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Moore

Address: Cambridge

I certify that I visited deceased from _____ to _____ and that I last saw deceased alive on _____

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20--08

Name in Full Maria J. Marine

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Madison — County: Dorchester

Date of death 19 09 — Month: May — Day: 14 — **Age** — Years: 42 — Months: 10 — Days: 13

Sex: Female — Color or Race: Black — Birthplace: Dor. Co. Md.

Occupation: Housework — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Richard Marine

Father's Name: John I. Linthicum — Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Jane Bishop — Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: John I. Linthicum — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

46

Primary: Large Abdominal Tumor — How long: about 3 years

Immediate: Pressure from Tumor — How long: about 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician: B. L. Smith M.D.

Address: Madison, Md.

Accident or Suicide

OFFICE SUPPLY CO., 2264



Name In Full Maggie Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) New Cambridge (County) Dorchester

Date of death 1909 (Month) May (Day) 4 (Years) Age 30 (Months) — (Days) —

Sex Female | Color or Race White | Birthplace Md.

Occupation Huk. | Where Residing if not at place of death

Married, Single or Widowed Single | Name of Wife or Husband

Father's Name Lew. Marshall | Father's Birthplace Md

Mother's Maiden Name Caroline Wheatley | Mother's Birthplace Md

Name of person giving In formation T. G. Ross | How related to deceased Employer

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

1

Primary Typhoid Fever | How long 4 or 5 weeks

Immediate Exhaustion | How long Very short

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. E. Wolff

Address Cambridge, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

Name in Full Lizzie L. Massey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cambridge — County: Dorchester

Date of death 190 9 — Month: May — Day: 17 — **Age** Years: 3-8 — Months: 3- — Days: 15-

Sex: Female — Color or Race: White — Birth-place: Maryland

Occupation: Housewife — Where Residing if not at place of death: Cambridge "

Married, Single or Widowed: Married — Name of Wife or Husband: Geo. H. Massey

Father's Name: Duncan E. McAllister — Father's Birthplace: Delaware

Mother's Maiden Name: Jane Brown — Mother's Birthplace: Maryland

Name of person giving Information: Geo. H. Massey — How related to deceased: Husband

PHYSICIAN OR CORONER

CAUSES OF DEATH

66

Primery: Paralysis — How long: 2½ yrs

Immediete: Exhaustion — How long: Short while

Are the name, age, sex, color, date and place correctly given above? Yes

Signeture of Physician: John [illegible]

Address: Cambridge

Accident or Suicide: No

OFFICE SUPPLY CO. 6-20--08

Name in Full: Anna Maria Mowbray

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorchester

Date of death 1909 — Month: May — Day: 22

Age — Years: 64 — Months: — — Days: —

Sex: Female

Color or Race: Colored

Birthplace: Dorchester Co

Occupation: Laundress

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Nathan Mowbray

Father's Name: Unknown

Father's Birthplace: Dorchester Co

Mother's Maiden Name: Unknown

Mother's Birthplace: Dorchester Co

Name of person giving Information: Nathan Mowbray

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: Two weeks

Immediate: Cardiac and Respiratory Failure — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dexter C. Reynolds M.D.

Address: Cambridge, Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: William R Payne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hudson; County: Dorchester

Date of death 1909: Month: May; Day: 4; Age: Years: 52; Months: —; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: Negro

Birthplace: Md

Occupation: Farm Laborer

Where Residing if not at place of death: —

~~Married~~, Single ~~or Widowed~~

Name of Wife or Husband:

Father's Name: Wm R Payne

Father's Birthplace: Md

Mother's Maiden Name: Easter Robinson

Mother's Birthplace: Md

Name of person giving Information: x x Cornish

How related to deceased: Nephew

CAUSES OF DEATH

64

PHYSICIAN OR CORONER

Primary: Apoplexy

How long: 18 hrs

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. A Sikes

Address: Cornersville Md

Accident or Suicide:

OFFICE SUPPLY CO. 8-20--08

Name in Full: Major Perry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylor's Island — County: Dorchester

Date of death: Month: May — Day: 16 — Year: 1909 — Age: Years: 60 — Months: — Days:

Sex: Male — Color or Race: African — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Lizzie Perry.

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: unknown — Mother's Birthplace: unknown

Name of person giving In formation: Geo. Palmer — How related to deceased: Nephew

79

CAUSES OF DEATH

Primary: Mitral Regurgitation — How long: 18 mos.

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signatura of Physician: Jos. K. Shriver Jr.

Address: Taylor's Island Md.

Accident or Suicide? No

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A6881G

Name in Full: John R. Phillips Sr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Madison Dist. near Golden Hill P.O. County: Dorchester

Date of death 1909	Month	Day	Years	Months	Days
	May	20th	Age 80	10	27

Sex: Male — Color or Race: White — Birthplace: Dorchester Co

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Burton

Father's Name: James Phillips — Father's Birthplace: Dorchester Co

Mother's Maiden Name: Letitia Phillips — Mother's Birthplace: Dorchester Co

Name of person giving information: Solomon F. Phillips — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

PHYSICIAN OR CORONER

Primary: Do not know — How long

Immediate: Do not know, died suddenly probably apoplexy — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John H. Noble M.D.

Address: act. Coroner Fishing Creek Md

~~Buried at Bon Guide~~

LIBRARY BUREAU A88616

Name in Full: James H. Pinkett

CERTIFICATE OF DEATH

MARYLAND

Town: Aireys | County: Dorchester

Died at | Date of death: Month: May | Day: 8th | Years: Age 27 | Months | Days

Sex: Male | Color or Race: colored | Birthplace: Dorchester Co.

Occupation: Laborer | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Mary E. Stanley

Father's Name: Harry L. Pinkett | Father's Birthplace: Dorchester Co.

Mother's Maiden Name: Emeline Strawberry | Mother's Birthplace: Dorchester Co.

Name of person giving In formation: Mary E. Pinkett | How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption | How long: Two years

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?: No doctor

Signature of Physician: No Physician

Address: [redacted]

Accident or Suicide?

Coroner's Verdict: Death from Consumption

Justice of the Peace

27

LIBRARY BUREAU ASSELS

Name in Full: Mrs. Rhoda V. Riggins.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Fishing Creek — County: Dorchester

Date of death: 1909 — Month: May — Day: 13th.

Age: Years 37 — Months 7 — Days 4

Sex: Female — Color or Race: White — Birthplace: Dorchester Co.

Occupation: House wife — Where Residing if not at place of death: --------

Married, Single or Widowed: Married — Name of Wife or Husband: Jas. M. Riggins

Father's Name: Wm. H. Travers — Father's Birthplace: Dorchester Co.

Mother's Maiden Name: Annie E. Tyler — Mother's Birthplace: Dorchester Co.

Name of person giving Information: Jas. M. Riggins — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

42

PHYSICIAN OR CORONER

Primary: Epithelioma of Cervix Uteri Operation — How long: 5 years

Immediate: Recurrence, Emaciation, Exhaustion. — How long: 4 years.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Houston M.D.

Address: Fishing Creek, MD.

Accident or Suicide? ----------

LIBRARY BUREAU A68816

Name in Full: Susie Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Finchville — County: Dor

Date of death 190 9 — Month: may — Day: 4 — Age — Years: 23 — Months — Days

Sex: female — Color or Race: black — Birthplace: md

Occupation: housewife — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Geo Robinson Jr

Father's Name: Adam Washington — Father's Birthplace: md

Mother's Maiden Name: Jennie Stanford — Mother's Birthplace: md

Name of person giving Information: Adam Washington — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

137

PHYSICIAN OR CORONER

Primary: Puerperal Septicaemia — How long: 1 week

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R Kemp Jefferson

Address: Fredericksburg md

Accident or Suicide

OFFICE SUPPLY CO. 8-20--08

Name in Full: Joseph H. Ross

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Hoopersville — (County): Dorchester

Date of death 1909 — Month: May — Day: 17th. — Age: Years 71 — Months 6 — Days 16

Sex: Male — Color or Race: Colored — Birthplace: Dorchester

Occupation: Laborer, and Mailcarrier — Where Residing if not at place of death: ----------

Married, Single or Widowed: Married — Name of Wife or Husband: Rose Anna Wallace

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Ross — Father's Birthplace: Virginia

Mother's Maiden Name: Nancy Buck — Mother's Birthplace: Dorchester, Co.

Name of person giving Information: Wm. B. Ross — How related to deceased: Son

106

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Do not know, — How long:

Immediate: Gastro-Enteritis — How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Houston M.D.

Address: Fishing Creek, Md.

[redacted]

LIBRARY BUREAU A88818

Name in Full James Arthur Saxton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: East New Market — County: Dorchester

Date of death 1909 — Month: May — Day: 12 — Age — Years: 64 — Months: 2 — Days: 28

Sex: Male — Color or Race: White — Birthplace: E. N. Market Dorchester Co.

Occupation: Farmer — Where Residing if not at place of death: East New Market, Md.

Married, ~~Single or Widowed~~ — Name of Wife ~~or Husband~~: Annie J. Saxton

Father's Name: Thos. J Saxton — Father's Birthplace: Delaware

Mother's Maiden Name: Harriett Howard — Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: C. L. Saxton — How related to deceased: Son

66

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 years, 3 mos, 27 days

Immediate: Paralysis + Cardiac asthenia — How long: 6-5 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edward L Jones

Address: East New Market Md.

Accident or Suicide

OFFICE SUPPLY CO. 6-20--08

Name in Full: Clarissa Jane Simmons

CERTIFICATE OF DEATH

MARYLAND

Died at Fishing Creek (Town) Dorchester (County)

Date of death 1909 May 18th. Age 66 Years 5 Months 20 Days

Sex: Female | Color or Race: White | Birthplace: Dorchester, Co.

Occupation: Housewife | Where Residing if not at place of death: ----------

Married, Single or Widowed: Married | Name of Wife or Husband: Stewart Simmons

Father's Name: Samuel J. Cannon | Father's Birthplace: Dorchester, Co.

Mother's Maiden Name: Keziah Anderson | Mother's Birthplace: Dorchester, Co.

Name of person giving In formation: Stewart Simmons | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Aortic Regurgitation, Chronic Interstitial Nephritis, | How long: 6 or 8 Years

Immediate: Chronic Bronchitis, Heart failure | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Stanley M.D.

Address: Fishing Creek, Md.

PHYSICIAN OR CORONER

[redacted]

LIBRARY BUREAU A88616

Name in Full: R H L Stamm

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crapo — County: Dor.

Date of death 190 9 — Month: May — Day: 28 — Age — Years: 30 — Months — Days

Sex: Male. — Color or Race: Black — Birthplace: Crapo

Occupation: Oysterman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Charlotte Stamm

Father's Name: Thomas Stamm — Father's Birthplace: Crapo

Mother's Maiden Name: Sarah A Stamm — Mother's Birthplace:

Name of person giving Information: Charlotte Stamm — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: May 10 12 09

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. Stamm Emery

Address: Wingate Md

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 2284

Name in Full: Sarah Travers

CERTIFICATE OF DEATH

Died at: Town: Lakesville; County: Dorchester; MARYLAND

Date of death: 1909 May 22; Age: Years 88, Months, Days

Sex: Female; Color or Race: Colored; Birthplace: Cambridge

Occupation; Where Residing if not at place of death: Lakesville

Married, Single or Widowed: Married; Name of Wife or Husband: Silas Travers

Father's Name: Abraham Travers; Father's Birthplace: Cambridge

Mother's Maiden Name: Sarah Cormier; Mother's Birthplace: Cambridge

Name of person giving Information: Silas Travers; How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

PHYSICIAN OR CORONER

Primary: senility; How long

Immediate; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: V. V. Connell, Cambridge Md

Accident or Suicide

OFFICE SUPPLY CO. 5-20--08



CERTIFICATE OF DEATH

MARYLAND

Name in Full: Wm. Fregar

Died at — Town: Madison — County: Dorchester

Date of death 1909 — Month: May — Day: 12 — Age — Years: 88 — Months: 5 — Days: 6

Sex: Male — Color or Rece: White — Birthplace: Dor. Co. Md

Occupation: Carpenter — Where Residing if not et place of death: —

Married, Single or Widowed: Widower — Neme of Wife or Husband: Caroline Fregar

Father's Neme: Levin M. Fregar — Father's Birthplece: Dor. Co. Md

Mother's Meiden Neme: Sarah Christopher — Mother's Birthplace: Dor. Co. Md

Name of person giving Information: Annie M. Mills — How releted to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: Old Age — How long: —

Immediate: Gradual decline — How long: —

PHYSICIAN OR CORONER

Are the name, ege, sex, color, date end plece correctly givan abova ? yes

Signeture of Physicien: B. L. Smith MD

Address: Madison, Md.

Accident or Suicide

OFFICE SUPPLY CO., 2284



Name in Full: Susan S. Tyler

CERTIFICATE OF DEATH

MARYLAND

Died at Hoopersville, County Dorchester

Date of death 1909 Month May Day 14th. Age Years 33 Months 6 Days 15

Sex Female Color or Race White Birthplace Dorchester

Occupation House wife Where Residing if not at place of death --------

Married, Single or Widowed Married Name of Wife or Husband Sam'l. M. Tyler

Father's Name Sam'l. H. Hooper Father's Birthplace Dorchester Co.

Mother's Maiden Name Susan S. Meekins Mother's Birthplace Dorchester Co.

Name of person giving In formation Sam'l. M. Tyler How related to deceased Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 3 Years.

Immediate General Tuberculosis How long 6 Months

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician W. H. Hooper M.D.

Address Fishing Creek, Md.

PHYSICIAN OR CORONER

[redacted]

LIBRARY BUREAU A88816

Name in Full: Nancy Mary Walker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hurlock — County: Dorchester

Date of death 1909 — Month: 5 — Day: 26 — Years: Age 14 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: school girl — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Not Known — Father's Birthplace:

Mother's Maiden Name: Amanda E. Walker — Mother's Birthplace: Md

Name of person giving Information: John A. Brown — How related to deceased: step Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Phthisis Pulmonalis — How long: 6 months

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. H. Maguire

Address: Hurlock Md

Accident or Suicide:

OFFICE SUPPLY CO. 5-20--08

Name in Full: Chariet rowton (Harriet Wroten)

CERTIFICATE OF DEATH

MARYLAND

Town: Crapo | County: Dorchester

TO BE ANSWERED BY NEAREST FRIEND

Died at Crapo — Date of death 1909 — Month: may — Day: 6 — Years: Age 87 — Months: 2 mo 14 days — Days: 2 days

Sex: Female — Color or Race: white — Birthplace: birth hoopers island

Occupation: Housewife — Where Residing if not at place of death: — — —

Married, Single or Widowed: Wido — Name of Wife or Husband: Nema rowton

Father's Name: Mathaeane Lewis — Father's Birthplace: hoopers island

Mother's Maiden Name: martha A Lewis — Mother's Birthplace: hoopers island

Name of person giving Information: wiliam H Bradforde — How related to deceased:

CAUSES OF DEATH

93

PHYSICIAN OR CORONER

Primary: Senility — How long:

Immediata: Pneumonia — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? So far as Known

Signature of Physician: Dr J. M. White

Address: Crapo Md

Accident or Suicide

OFFICE SUPPLY CO. 8-20--08

